

(Exhibit Five (5))

**Bullock Co. Corrections**  
(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Richard Wright  
 VIOLATION OR REASON: 31 - ASSAULT ON ANOTHER INMATE  
 DATE & TIME RECEIVED: 11/3/04 10:40 PM  
 PERTINENT INFORMATION:

AVIS NO: B/187140 CELL: 4  
 ADMITTANCE AUTHORIZED BY: H. Babers  
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/22 MON	MORN	Y			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	N		N	8:00-8:45	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/23 TUE	MORN	Y			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	N		N	8:00-8:45	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/24 WED	MORN	Y			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	N		N	NO	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/25 THUR	MORN	N			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	-		N	NO	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/26 FRI	MORN	Y			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y			N	8:45-9:35	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/27 SAT	MORN	Y			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	N		N	7:00-12:00	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison
11/28 SUN	MORN	N			N	NO	DR. P...	N	DR. P...	Julian Ellison
	DAY	Y	-		N	10:15-11:00	DR. P...	N	DR. P...	Julian Ellison
	EVE	Y		Y	N	N	DR. P...	N	DR. P...	Julian Ellison

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT).

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmates is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**FOR PROFESSIONAL USE ONLY**  
**CONFIDENTIAL RECORD**  
 NOT TO BE PHOTO COPIED

**Bullock Co. Corrections**  
(INSTITUTION)  
**SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Winfield, Carey  
 VIOLATION # OR REASON: 69 - Destroying State Property  
 DATE & TIME RECEIVED: 11-26-04 1900  
 PERTINENT INFORMATION: \_\_\_\_\_

AIS NO: 180239 CELL: #12  
 ADMITTANCE AUTHORIZED BY: Sgt. Strickland  
 DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
MON	MORN									
	DAY									
	EVE									
TUE	MORN									
	DAY									
	EVE									
WED	MORN									
	DAY									
	EVE									
THUR	MORN									
	DAY									
	EVE									
11/26/04 FRI	MORN									
	DAY	N			N	N	Question	N	Medd	J. Johnson, COI
	EVE			Y	N	N	Myler	N	Medd	J. Johnson, COI
11/27/04 SAT	MORN	Y			Y	N	Walter	Y	1st Lt. Clark	1st Lt. Patrick, COI
	DAY	Y	N		N	N	Walter	N	2nd Lt. Clark	2nd Lt. Patrick, COI
	EVE			Y	Y	N	Walter	N	3rd Lt. Clark	3rd Lt. Patrick, COI
11/28/04 SUN	MORN	N			N	N	Walter	N	4th Lt. Clark	4th Lt. Patrick, COI
	DAY	Y			Y	N	Walter	N	5th Lt. Clark	5th Lt. Patrick, COI
	EVE	Y			Y	N	Walter	N	6th Lt. Clark	6th Lt. Patrick, COI

FOR PROFESSIONAL USE ONLY  
 CONFIDENTIAL RECORD  
 NOT TO BE PHOTO COPIED

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.